

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### HYDATID CYSTS PASSED PER RECTUM, WITH RECOVERY.

BY DR. C. C. SHERARD,  
Of Mobile, Ala.

I was called, March 31st, 1869, to see a married woman twenty-nine years old, of fair complexion, light blue eyes, and stoutly built, weight 160 pounds, and of good and strong constitution, who had usually enjoyed good health, except one or two slight attacks of metritis. On the evening of my first visit I found her complaining of some uterine trouble. She says that she was out in the rain the day before, and got wet. I administered an anodyne, and promised to call in the morning.

At my morning visit she informed me that she had spent a miserable night, and her pains had been very severe. I made a vaginal examination, and found, as I supposed, a lateral retroverted womb, with the fundus of the womb in the left iliac fossa. I attempted to replace it, but it gave her so much pain that I was compelled to desist for the present, and requested my friend, Dr. J. T. Gilmore, to assist me. He replaced what he supposed to be the fundus of the womb. The pain, however, continued over the womb and left ovary. There was a marked enlargement over the latter, and a great deal of soreness over the whole abdomen. Her pains continued until April 3d, when her catamenial flow came on, with an increase of the suffering, and lasted until April 8th. On April 10th I made a vaginal

examination, and, as I supposed, I found the uterus still retroverted below the sacral promontory, and low down on the rectum.

April 11th I administered chloroform, and replaced what seemed to be the fundus of the womb, without giving her the least relief. In the following night there was an involuntary discharge of a large quantity of something from the rectum into the bed.

I examined the substance, and found it to be composed of hydatid cysts. She continued to pass them for five days, sometimes large quantities at a time. The swelling on the left side became much less, and on April 17th she ceased passing them. After having several operations from her bowels, she was taken with a great deal of peritoneal inflammation, which lasted some days. On April 21st she passed another large quantity of hydatid cysts during one day and a half, with much suffering. She then had two natural actions on her bowels, and they ceased.

April 26th her tongue became coated with a white thrush-like exudation, and also the fauces and throat as far as we could see. She complained of more or less trouble in swallowing for several days, but finally the condition of the tongue and fauces yielded to a wash of sulphite of soda.

April 30th Dr. Gaines and myself made a vaginal examination, and found a great deal of pelvic cellulitis, and a large abscess.

May 1st Drs. Gaines, Gilmore, and myself made a vaginal and rectal examination, and found a good deal of pelvic cellulitis, and an abscess and ulcer in the bowel, where the hydatids had passed through and been expelled by the rectum. They had formed

posteriorly to the womb, and near the left ovary.

May 2. At night, while asleep, there was a gush of about a quart of watery fluid from the vagina, with a very fetid smell. The discharge continued more or less all day, and she was relieved from pain. Her tongue has become more moist, and the papillæ have begun to return, though her condition has been of a typhoid tendency from the beginning of her attack. At times her bowels have been quite loose. I have been able to control them by large doses of opium. She was treated with bromide of potassium, and during the acute stage of the inflammation around the ovary she was leeches and blistered over the tumor, and kept on mercury until the gums were touched. The blistered surface was dressed with ungt. belladonna and ungt. hydrarg. This was kept up until her system was affected by the belladonna.

May 4. Her pulse has become more full and regular, and she has not been so feverish for the last day or two. She now begins to complain of pain in her back from lying so long in bed, and is not nearly so fretful or feverish as she has been for some days. The vaginal discharge has been daily decreasing, and now it ceased altogether.

May 5th. She felt a desire to go to stool, and was placed on the chamber; she passed a lump from the rectum about the size of a hen's egg, which she says looked like a piece of boiled gristle. From her description of it I was induced to believe it was the base of the hydatids.

May 6. She has a great deal of pain whenever she takes a vaginal injection, and considerable pain whenever she goes to stool. She is now gaining strength, her appetite is improving.

May 12. Spent a bad night, and complained of very severe pain over the region of the ilio-cæcal valve, and, whenever her bowels are moved, at the place where the hydatids bursted into the rectum.

May 15. Was up all day yesterday, and walked around the yard. Spent a good night, clear of pain, and bowels acted without any pain. Her continual discharge ceased, good appetite, much stronger, pulse fuller and stronger, and she is now fast convalescing.

May 16. Spent a pleasant night, free from pain, and rode six miles into the country,

and from that time on has improved daily and gained a great deal of strength.

There have been some very singular features presented. In this case the first hydatids came away in bunches, and each cyst appeared to be about the size of an ordinary marble, perfectly round, as could be plainly seen by the eye. Smaller cysts were passed, and under a low magnifying power, presented the appearance of bunches of grapes. There was another singular affection connected with this case: she had been suffering for the last eight years from a very fetid discharge from both ears; as soon as she was taken sick the discharge ceased, and the swollen and ulcerated condition of the meatus disappeared.

#### PERNICIOUS FEVER.

BY J. T. NEWMAN, A. M., M. D.,

Surgeon to Hathaway Home, Visiting Surgeon and Physician to Charity Hospital, New Orleans.

The disease that we are about to describe is a malady germane to the yellow fever of the tropics. To those commencing its investigation, it is a matter of great surprise to observe the contrariety of opinion which has been entertained, both as regards its nature and origin. In the words of Dr. Smythe, the most eminent diagnostician of the South, it is nothing more nor less than necrosis of the blood.

But as it is not my purpose at this time to enter into its pathology, I shall proceed to give the simple progress of a case, a type very abundant in the marshy districts of the Southern States.

Patient admitted into Ward 32, January 12th, 1872. Is from the country; states that his habitation is surrounded by stagnant water, which circumstance renders him an easy victim to this most malignant fever.

His skin is hot, very dry; tongue covered with a creamy substance, which indicates that the poison is very profound. In its milder form the tongue exhibits a light red appearance.

His eyes are engorged, pulse quick, and complains of intense headache.

Ordered—

R. Hydrargyri chl. m.,	grs. xx.
Podophyline,	grs. ij.
Ext. aloes,	grs. xx.
Ext. colocynth.,	grs. xx. M.
M. ft in Pill No. x.	

Sig. One every three hours.

Also—

R. Spts. ætheris nitrosi, f3j.  
 Syr. rhei, f3ij.  
 Tr. cinchonæ, f3ij.  
 Fiat mistura.

Sig. Teaspoonful every hour.

January 14th.—Patient has had copious evacuations, which are very dark and biliary. Pulse quick, skin hot and dry, tongue foul and creamy, water red. Ordered—

R. Quinæ sulphatis, f3j.  
 Acidi sulph. aromat., f3j.  
 Tr. cinchonæ, f3iv.  
 Tr. serpentaria, f3j. M.  
 Fiat mistura.

Sig. Teaspoonful 3 times a day.

January 15th.—Symptoms very little altered; tongue foul and creamy; skin hot and dry; urine somewhat changed in color; stools dark; headache gone.

January 16th.—The eyes, which were terribly engorged, are now natural; the tongue still foul; pulse regular, and beating 85; stools unchanged in their appearance; appetite poor. Ordered—

R. Acidi sulph. aromat. f3ij.  
 Tr. scillæ, f3j.  
 Syr. auranti cort, f3ij.  
 Spts. ætheris nitrosi, f3ss. M.  
 Fiat mistura.

Sig. Teaspoonful every hour.

January 17th.—Patient's skin cool and pleasant; color of urine changed; eyes clear; pulse regular.

January 19th.—Patient improving rapidly; engorgement of eyes gone; stools healthy; urine amber colored.

January 21st.—Still improving; pulse regular; bowels free. Ordered—

R. Acidi sulph. aromat f3ij.  
 Tr. cinnamoni, f3ij.  
 Tr. cinchonæ, f3iv.  
 Syr. auranti cort, f3j. M.  
 Fiat mistura.

Sig. Teaspoonful every two hours.

January 25th.—Tongue slightly foul. Gave—

R. Hydrargyri chl. m. grs. xij.  
 Fiat in chart No. iii.

Sig. One three times a day, to be followed the next morning with this mixture.

R. Olei ricini, f3ij.  
 Syr. rhei, f3j.  
 Olei limonis, gtts. viij. M.  
 Ft. mistura. f3ij. three times a day.

January 28th.—Bowels free; tongue clear; urine clear; pulse strong and regular; patient discharged, cured.

# ON THE INFLUENCE OF ATMOSPHERIC AIR, AS DETERMINING THE CHARACTER OF PRIMARY LOCAL INFLAMMATION.

By VICTOR E. HENDERSON, M. D.,

Titus Co., Texas.

Primary Local Inflammation we define to be altered nutrition in a part, occasioned by some agency acting immediately on the part affected. This inflammatory action may be set up by numerous different causes: as, mechanical injury, concussion, caustic substances, presence of foreign bodies, etc.; for these latter I desire more particularly to claim your attention. When a foreign body intrudes itself against or into the animal tissues, an action is set up by nature, tending either to reparation or degeneration. We will divide this kind of Inflammatory action into two different characters, viz., the adhesive and the suppurative. The first of these is that by which tissues are united, loss of substance restored, protective cysts are formed, etc.; the last, that by which pus is formed, resulting in abscesses, both proximate and remote, hectic fever, mortification, etc.

We find that in healthy constitutions, where the blood and vital forces are in a normal condition, and when foreign bodies and all other sources of irritation are removed, this Primary Local Inflammation will take on the adhesive character, and reparation of tissues be effected with but little derangement to the general system; but, on the other hand, if the system be broken down by constitutional disease, the blood depraved, the vital energies weak and depressed, an irritation kept up by the presence of foreign bodies, or otherwise, the suppurative character is established, followed by all its consequences, enfeebling and debilitating the patient.

Now, it is our opinion that one of the greatest sources of irritation operating in this way, and controlling and influencing, to a great extent, the character of the Inflammation, is the presence of Atmospheric Air. In numerous instances we find that where the air is entirely excluded, the adhesive Inflammation is set up, a salutary process, where otherwise it would have ended in suppuration.

For the purpose of illustration we will cite a case which came under our personal observation:

CASE.—May 16th, 1868, I. S., a native of Germany, æt. about 23, a large, muscular man, was stabbed over the sternum, opposite the third rib; we were immediately called.

The instrument used was the small blade of a sharp pocket knife, inflicting a wound about one-fourth of an inch in length; the blood was then slowly trickling down his breast; but a small quantity had been lost. We immediately ordered him removed to his home, whither he walked, a distance of four blocks, supported by an assistant at each arm.

We immediately visited him, which was about four o'clock in the afternoon; found him in bed, and examined the wound. Hemorrhage had entirely ceased externally. We found the blade to have glanced on the bone, and could pass the probe about three-fourths of an inch towards the right side and ranging a little upward, forming, as you will see, a valvular opening between the bone and integuments. We could not determine whether or not the cavity of the thorax was penetrated; he had no cough, had spit no blood, and complained of nothing except a slight pain in the lower part of the right lung.

His pulse was excited, and we administered an opiate to secure rest.

The family physician was then sent for and we saw the patient in consultation about eight o'clock that evening.

He, upon examination, agreed with us, but could not determine whether the wound penetrated the cavity or not.

Patient's condition about the same, excepting an increase of pain in lower part of right lung, which excited our suspicion.

We saw our patient again about ten o'clock the same night; the pain had become more intense, the respiration was hurried, and we discovered about one-third of the lower part of the right lung perfectly solid and dull on percussion. Upon our visit next morning we found the dullness to have invaded fully one-half of the right lung, from below upwards. He had not passed his urine, and we drew it off with the catheter, and found it normal in quality and quantity; the bladder was completely paralyzed; this symptom continued for six days.

Visiting him a few hours after, we found that the extent of the dullness had not increased, and at our evening visit, that it had receded about an inch or more; here it re-

mained stationary; the pain had nearly ceased.

The incision healed beautifully, by "first intention." No respiratory murmur could be detected in the lower part of the affected lung, from about one inch below the nipple, either anteriorly or posteriorly.

These symptoms denoted that hemorrhage had taken place slowly, into the cavity of the thorax, compressing the lung; that it continued twelve or fourteen hours, and then ceased; that the serous portion of the blood was absorbed, and that the clot remained.

The patient rapidly improved, and in a little over a week; he was examined frequently, and his lung was always found to be in the same condition, giving him no trouble. We enjoined upon him perfect quiet, expecting every day to discover indications of inflammation, resulting from the presence of a foreign body, and were fully determined, in that event, to open the cavity and remove the clot.

He remained in his house about six weeks, when he in every respect appeared in perfect health, and went to his business, where he was exposed to hard labor and all vicissitudes of weather. We examined him occasionally. His lung was in the same condition three months after his recovery, and he suffered no inconvenience from any cause.

This case might be passed without ever inquiring, Why this phenomenon? but direct your inquiring minds toward it but for a moment, and you will repeat the query, Why?

"Can these things be,  
And overcome us like a summer cloud,  
Without our special wonder?"

Here is a man stout and healthy, following his daily avocation in perfect comfort, with nearly one-half of the right cavity of his thorax filled with a clot of blood. Why did this clot not act as a foreign body, the source of irritation still remaining, and excite a suppurative inflammation?

We are of the opinion that on account of the wound being small, and of valvular form, the hemorrhage was allowed to take place internally, while atmospheric air was entirely excluded.

In other closed cavities and internal organs we often find similar results; for instance, in the deposit of tubercle, when it takes place in the encephalon, we often find



it inclosed in a cyst, remaining inert, and giving rise to no symptoms by which to detect its presence during life. Professors Jones and Sieveking remark, in their valuable work on Pathological Anatomy:—

"The tubercle is generally surrounded by a delicate cyst, and when, which occasionally happens, the tubercular matter proceeds to the stage of softening, the superficial observer may mistake the morbid appearances for those of simple abscess of the brain."

In the lung, where atmospheric air is freely admitted, we constantly observe the tubercle breaking down, and inflammatory action set up, in which suppuration takes place, it being very seldom the case that we find tubercle in this situation becoming encysted.

That we do find suppuration taking place in the substance of the brain, there can be no doubt, from the teachings of Professors Jones and Sieveking, Dr. Bright, and others, although the actual presence of pus corpuscles in the encephalon may have been but rarely detected by the microscope; but in such cases it has been produced by causes other than those which now claim our attention.

In cases of hemorrhage into the arachnoid, which usually takes place in the young subject, if they survive the primary shock, and life be prolonged, the following condition results. We quote from Dr. West's excellent work on "Diseases of Children:—

"The clot speedily separates into serum and crassamentum, and a series of changes commences in the latter, the effect of which is to deprive it of its coloring matter, and to convert it, in course of time, into a delicate false membrane, which lies in close apposition with the parietal arachnoid." He continues: "If the hemorrhage were at all abundant, the reddish serum will, even after the lapse of a considerable time, be very evident on opening the sac of the arachnoid, and some of it will probably be found entangled in the substance of the clot. By degrees the serum loses its color, but its quantity may still continue for a long time undiminished, or the efforts of nature may even entirely fail to accomplish its absorption. The fluid, in such cases, is either simply contained within the arachnoid cavity, or, having remained inclosed within the clot during the changes which it underwent, appears at length to be situated within a delicate cyst or shut sac."

Again, we learn from Professors Jones and Sieveking, that "The processes that occur in the blood itself, after it has been effused within the brain, are: the formation of a coagulum, the gradual absorption of the fluid parts of the blood, the formation of an organized membrane around the clot, and the continued absorption of the latter. The rapidity with which these changes occur differs considerably, and depends greatly upon the healthy condition of the surrounding parts. Thus, while Dr. Macentyre has recorded a case of apoplexy in which, thirteen days after the seizure, the cyst was found fully formed, organized, and nearly empty, a French physician, Moulin, mentions one of seventeen years' duration, in which a cyst was found containing four ounces of sanguineous fluid. When the effusion occurs in the cavity of the arachnoid, we have seen that cysts also form, but we do not meet with them in the cavity of the ventricles, though there is reason to suppose that the blood may be absorbed from their surface also. According to the degree of absorption, the clot changes its consistency and color. The clot first assumes a deeper color, and becomes of a chocolate hue, and from absorption of the serum is rendered hard; the coloring matter is more and more absorbed; a light-colored fibrinous mass is then seen, much contracted from the original dimensions of the clot; and finally this too may disappear, leaving no remains of the hemorrhagic effusion but the contracted empty cyst, the walls of which are frequently connected by fibrous threads. The cyst itself, in its turn, shrinks up, and finally nothing may remain but a cicatrix."

As we have not had the advantage of a post-mortem examination in the case of the man who was stabbed, we cannot judge of the changes which took place in the cavity of his thorax, except by analogy, and we think we can judge of this with sufficient accuracy from the statements of the authors quoted.

From these facts we conclude that, although other causes operate in certain cases and conditions, in determining the character of Suppurative Local Inflammation, yet that atmospheric air exerts a powerful determining influence in this respect, and that where it is entirely excluded we have very frequent examples of the adhesive character of inflammation, or similar salutary processes, being set up.

These changes which take place, whether they be of a truly inflammatory nature or not, are designed by nature to repair the injuries done, and approach so nearly to that process that if atmospheric air were admitted, we think a truly inflammatory action would be excited, which would terminate in suppuration.

## MEDICAL SOCIETIES.

HUNTSVILLE, ALA., Aug. 9, 1872.

MESSRS. EDITORS:

Allow me to introduce to you the Madison County Medical Society of the State of Alabama, composed of gentlemen living in the mountains of North Alabama. It was organized on the 1st of June, 1871, and now numbers eighteen members. It holds its meetings on the first Wednesday of each month.

The following is a list of its officers:

President—Allen J. Green, M. D.

Vice President—James P. Burke, M. D.

Secretary—Louis D. Carter, M. D.

Treasurer—John D. Carter, M. D.

I am, very truly, yours,

LOUIS D. CARTER, *Sec'y.*

## THE PROFESSIONAL RELATIONS OF THE PHYSICIAN AND DRUGGIST.

BY DR. JOHN D. CARTER,  
Huntsville, Ala.

Read before the Madison Co. (Alabama) Medical Society.

*Mr. President and Gentlemen:*

In attempting to discuss the question allotted me to-day, I find myself considerably embarrassed. We have little or no literature on the subject; I have had but little opportunity of interchanging views with you, and hence am thrown on my own resources, which are very limited indeed. My views I shall give you in brief, and in a plain and unvarnished style, endeavoring to do justice to the physician on the one hand, without injuring the druggist on the other; to steer clear of Scylla without falling into Charybdis.

That these two noble professions, both of which are engaged in the amelioration of human suffering, should act in concert and in harmony no one will deny. The best means of securing this harmony of action, is one of the questions to be considered by us at this meeting. And while each has a separate and distinct field to cultivate, there is a community of interests, both profes-

sional and pecuniary, that should command the protecting care of both alike. There should be no irreconcilable differences. Both should be open to conviction, and be ready to make concessions, if needed to promote harmony and good feeling. Each owes to the other certain duties and obligations, to a faithful discharge of which they should—and I will venture to say do—feel themselves pledged.

The druggist should find it his greatest pleasure, as he will certainly find it his highest interest, to use all possible care and diligence in compounding the physician's prescriptions. The welfare of the patient, as well as the reputation of both physician and druggist, depend upon this. Directions should be written plainly, and all poisonous preparations be so unmistakably labeled as to render accidents impossible. In our town, where nearly all the physicians have their offices either in or near the drug stores, it frequently devolves on the druggist to answer inquiries as to their whereabouts, and to make a note of calls left for them. This they should do cheerfully, always feeling that the interests and reputation of the physician should be their peculiar care.

On the other hand, the physician should guard the reputation of the druggist, disabuse the minds of his patients of any erroneous impressions they may have as to his capabilities, and should give him the benefit of his counsel whenever he sees it will advance his interests. But he should never attempt to throw the blame of his own failures to cure the sick on the shoulders of the druggist, as, I am sorry to say, has been done in one instance, at least, in our city.

I know, gentlemen, that these are little things, but in our intercourse with our fellow men in every department of life little things play an important part. But, turning from the consideration of these little courtesies and acts of kindness that render the intercourse of the physician and druggist so pleasant, I come to the question of ownership of prescriptions. Here I find a diversity of opinions amongst the members of our own profession. And although the druggist has never laid claim to any proprietary interest, merely looking upon himself as the custodian of the prescriptions filled by him, he can be no disinterested spectator during this discussion, since he is to be governed by the decision as to when and under what circumstances such prescriptions are to be duplicated. As the question now stands in our city, the patient is practically the owner of all prescriptions made for him. As far as my knowledge extends, no druggist refuses to duplicate a prescription when presented by any one. Nor can he be censured until the question of ownership has been determined.

Lying thus between the patient and physician, it becomes necessary to consider this question as to its bearings upon the interests of each, as the only means of arriving at a safe conclusion.

It is a well settled point that as long as a

man is sick, he ought to be under the advice of his physician. It is equally true that there are very few, if any, cases where advice can be given at the commencement of an attack that will serve through the whole course of the disease. Nor can the patient or his friends judge as to the time at which a medicine should be discontinued and another substituted. If, then, at every step in the progress of his case, the patient should find it to his interest to consult his physician, it follows, as a matter of course, that it would be unsafe for him to continue the use of any medicine without his advice and consent, and that an unquestioned ownership of the recipe could not benefit him in the least.

But let us look on the other side, and see how the physician's interests are affected. If the patient, ignoring his own safety, continues the use of medicines unadvisedly, and his case progresses unfavorably, the physician is liable to suffer in his interests. We all know with what facility the public mind lays hold of any circumstance that will weigh for or against the physician's reputation. And if the prescription is duplicated for a friend of his former patient, although his reputation may not be at stake, the prescribing physician, or some other member of the profession, is unjustly deprived of a fee. For notwithstanding he was paid for his advice at the time the prescription was made, he certainly never contemplated any such wholesale use of it. There are numbers of people who will avail themselves of such means to avoid payment of a fee to the doctor. I know a family in this vicinity that cured three or four cases of intermittent fever on one of my prescriptions, after having complained at the payment of the paltry sum of one dollar for the advice. Now ought this to be so? Ought not the physician's pecuniary interests to be protected? But the decision of this question of ownership does not hinge solely on any supposed injury to the reputation and interests of the physician. A controlling interest in his recipes is vested in the physician from the very nature of things. A prescription is merely a formula given as a guide to the druggist in compounding the medicines. It is not intended to answer any other end than the relief of their existing symptoms. Other indications will be met, as they arise, with other remedies. If the same medicine could be made to answer in all the different phases that a disease may assume, then I would say, let the patient use it until he is well. But this is not so. Even in chronic diseases, where the same remedy may be used for a great while, with advantage, it is found necessary to change the plan of treatment far oftener than we would wish, before our patient is relieved. For the good, then, of both the physician and patient, as well as a matter of right and justice, it does seem to me that the physician is the sole owner of his prescriptions, and that they ought never to be duplicated without his consent.

As to the question whether druggists

have the right to prescribe, I do not think much need be said. I know of but one of our druggists who is in the habit of prescribing, and he is an M. D., and was for many years a practitioner in good standing amongst us. I do not see how any reasonable objection can be urged against him for putting up his medicines to cure the simple ailments of such as apply to him, merely because he is not in regular practice. But the honest and conscientious druggist who knows nothing of the theory and practice of medicine, will content himself with being perfect in his own art, without wishing to expose himself to the just censure that would be meted out to him should he attempt that for which he is wholly unfitted. But this question does not apply, in my opinion, to the sale of proprietary medicines. If a customer calls for a chill tonic, a cough mixture, a diarrhoea cordial, or a blood purifier, I do not see why the druggist may not sell him any article that claims to be useful in the case.

There is one practice, however, amongst the druggists of our town, against which I must be allowed to enter my protest. All, or nearly all of them, have a formula, obtained somewhere, by which they put up medicines for the cure of gonorrhoea. Now, granting their remedies to be good, and the patients cured, is not this an unwarrantable infringement upon the rights of the physician? This subject should have the careful consideration of our druggists, and we be allowed our fees in such cases.

In conclusion, gentlemen, allow me to suggest that this Society invite the druggists of this place to organize themselves into a Pharmaceutical Society, in order that they may co-operate with us in the settlement of the many points of interest that we have in common with them. I do not see any other way by which we can so effectually accomplish this desirable end.

#### INAUGURAL ADDRESS BEFORE THE MADISON COUNTY (ALA.) MEDICAL SOCIETY,

BY DR. ALLEN J. GREENE,  
Of Huntsville, Alabama.

*Gentlemen of the Madison County Medical Association:*

Knowing of matter far more attractive, presently to be submitted to you, I propose to occupy your time very briefly on this occasion. Not more, however, in obedience to the requirements of our Constitution than in accordance with the dictates of my own feelings, I ask to make my grateful acknowledgments for the honor you have conferred. And as every educated man must esteem it a privilege to be associated with others of cultivation and acquirement, so he indeed must be apathetic who could be indifferent to the honor of presiding over such.

Permit me to say, then, that in the dis-

charge of my duties I can very sincerely promise my most earnest efforts; but at the same time let me add, also, that, however well intended, however earnest these efforts may be, they can only be successful when fully sustained by yourselves. For myself, individually, I have nothing to ask in this connection beyond that courtesy due from one gentleman to another. *For the Chair*, however, as the representative of your own delegated authority, *I ask everything* that may properly pertain to its efficiency, and that may advance the interests and honorable standing of our Association. It would be an act, I fear, savoring in your estimation more of the officious than of the official, were I to parade before you the rules and regulations usually of force in deliberative bodies. There is perhaps no member who is not sufficiently conversant with their import for all necessary purposes; and whilst it might be both irksome and unnecessary to insist upon the strictest parliamentary usage under all circumstances of our official intercourse, yet I think it will scarcely be denied by any that the ends and aims of our Association will be best subserved by a reasonably close attention to them. Whilst, then, it must be apparent to us all that the firm but courteous enforcement of order and decorum should be strictly adhered to, the Chair nevertheless readily recognizes the fact that the largest liberty of debate consistent with the true interests of our So-

ciety should be allowed upon all subjects under discussion.

If I might be permitted to define, in one word, the object of our Association, that one word would be *advancement*; and if, again, I am permitted, in one word, to define the great secret of all advancement, I should select the word *enthusiasm*—devotion to and faith in the object pursued. Now, that peculiar condition of nervous exaltation which I have just named, and of which the acme is Fanaticism, although it has been, and ever will be the mainspring of all the noblest inspirations of earth—whether of literature, art, science, politics, or religion—is yet perhaps scarcely to be looked for, or indeed needed *here*. Nevertheless, if I may so express myself, there is a milder form of it, which I would define as *earnestness of purpose*; and this, I think, is not only attainable by us all, but in fact very necessary to our success. If, then, we are really in earnest, if this Association is not, in fact, a farce and an affectation, let us give that earnestness of purpose to it which will make it what it ought to be—an assemblage of thinking, working men!

Let our attendance be always punctual, and our meetings always full. In one word, let us *find excuses to come—not excuses for staying away*, and I venture the prediction that not only will our numbers increase, but our usefulness and ability will command the respect and confidence of all.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Hemorrhagic Malarial Fever.

The editor of the Cincinnati *Medical News* says:—

It is to be regretted that so much confusion and difference of opinion exists among writers in regard to this fearful form of fever; we find nearly every one who has written on the subject giving it a different name—one in accordance with his peculiar views of its pathology—and they differ still more widely in the matter of treatment; but all agree that the cause is undoubtedly malarial toxæmia.

The first symptom that characterizes this disease is a chill of the congestive type, marked by coldness of the surface and great internal heat. There is much anxiety and irregular sighing and respiration, which are soon followed by fever with its usual concomitants. The pulse is full at first, but not so frequent as in common remittent fever. During the first paroxysm, the symptoms that distinguish this from all other fevers

generally make their appearance: Hematuria, jaundiced skin, and vomiting, apparently without effort, of a dark "grumous" fluid. These symptoms are present at some period in all cases. The bowels are usually constipated, tongue at first a straw color, which gradually deepens until a yellowish brown coat covers the whole organ; pain in the head and back; after a time, from eight to twelve hours, there is an abatement of all symptoms except nausea and vomiting. From this the patient is hardly ever free until the paroxysms are broken up. If this is not done in the first remission, we have a repetition of all that has been described, with increased violence, in addition, besides often harassing hiccup, some confusion of thought, amounting almost to delirium, heavy sighing, countenance dull and gloomy; but the patient is anxious and alarmed when aroused.

There are some features in this disease that deserve particular attention. The remissions are irregular and sometimes ill-defined; but when the hot stage does pass off there is no perspiration. Pain in the



head at first is generally slight—often entirely absent; pain in the back, in the region of the kidneys, is very severe and incessant; great thirst; stomach irritable, with vomiting of large quantities of dark fluid almost without straining or effort. The discharges from the bowels, when moved spontaneously or by medicine, are of a dark "tarry looking substance." The color of the skin is a greenish yellow or "bronze." This symptom is generally developed very suddenly; the skin may be perfectly clear one hour and bronzed the next.

These are the principal characteristic symptoms of hemorrhagic malarial fever; other phenomena presented in the fever belong rather to individual cases, and may often be seen in malarious fevers of all varieties. The question of hemorrhage in this disease is one of great importance on account of the differences of opinion which have been, and are likely to be entertained on the subject.

It is true hemorrhages are not so commonly seen in malarial fever as in typhoid and yellow fever, but do occur frequently; and certainly the same cause must exist; weakened capillary walls and changed condition of the blood, and of course bleeding may occur from any surface. It is not reasonable, in this fever, when continued emesis constitutes one of the principal symptoms, that hemorrhage would avoid the stomach and assail the urinary organs in every case. The icteroid symptom may be accounted for as in common jaundice, non-removal of biliary coloring matter from the blood.

The diagnosis I have never regarded as difficult. The occurrence of hematuria, black vomit, and jaundiced skin distinguish it from bilious intermittent fever. From yellow fever it is distinguished by the remissions, and prevalence in localities where yellow fever was never known to visit.

This is a very dangerous disease. From what I have learned from Southern practitioners, through the journals and otherwise, and from my own observation, nearly one-half die; nor does the percentage of mortality seem to be much on the decrease.

I will not attempt to discuss the various plans of treatment recommended by different writers, but will merely suggest what has seemed to me to be the most proper and successful. I prescribe small but frequent doses of calomel, with a view to quiet the stomach and for its purgative effect. I follow it with saline laxatives until the bowels have been well purged. I permit the patient to have a reasonable amount of ice. Apply a large mustard cataplasm over the stomach and liver. (I have seen no benefit derived from blisters, which may do harm by interfering in some way with the urinary organ.) The hematuria is generally easily controlled by astringents, but I think there is often great danger in their administration for that purpose. I would prefer in a great majority of cases to let the hematuria alone, and give diuretics, as it will cease as soon as the mor-

bid condition that induced it has been broken up by quinine. Upon this agent we must rely; without it but few if any patients would recover. I have seen patients having a dark yellow skin, with hematuria, vomiting a dark fluid, after having the bowels well acted upon by calomel and saline cathartics, take sixty grains of quinine by injection during the remission, which prevented the recurrence of another paroxysm, the patient recovering. I have seen benefit derived from sponging the patient with warm water made alkaline.

Tonics, beef-tea, and other nourishment are demanded and should be given as early as the stomach will receive and retain them. The tonic most highly recommended is a combination of iron with the mineral acids and quinine.

#### Operation for False Joint.

A case is reported by Dr. E. H. BENNETT, in the *Dublin Medical Journal*. He says:—

The examination of the limb showed clearly that the fracture was an ordinary oblique fracture of the tibia, the line of fracture running from above and behind, downwards, forwards, and inwards, so as to place the point of the upper fragment on the subcutaneous surface of the tibia. A sufficient time had elapsed to allow of the rounding of the sharp point of the upper fragment by absorption, a change chiefly effected by its pressure against the skin; at least, such would appear to be the correct explanation of the difference between it and the similar point of the lower fragment, which retains its original sharp and angular outline; this had lain bedded in the tissues of the limb, unexposed to any pressure, while the other had the strained integument constantly drawn tightly over it.

The nature of the injury being clearly made out, the questions next in importance were, what cause could be assigned for the non-union of the fracture? and what was to be done to render the limb useful, or at all events, to relieve the patient from his condition of confinement to bed.

There existed no constitutional disease that I could discover to explain the non-union, so I was forced to look for a local cause. The fracture, though oblique, was nothing extraordinary, and although great displacement had been allowed to occur, still the fragments appeared in apposition, and they had been sufficiently at rest, the man having been in bed with some kind of support applied to the limb for the greater part of four months. The two conditions essential to the union of fracture, rest and apposition, had apparently been satisfied.

The idea that the failure of union was the result of osteitis, suggested by some who saw the case, seemed to be set aside by the fact that the wound which had communicated with the fracture during the period of suppuration, had healed after the separation of a few minute particles of bone, and by its healing showed that no further disease of bone existed.

But two modes of dealing with the case deserved consideration, namely, amputation, or an attempt to remove, to some extent, the deformity, and induce union by resecting such an amount of bone from the end of either fragment as would admit of their reduction and the rectification of the limb, and by its performance stimulate the union of the bone.

My colleagues agreed with me in the propriety of resorting to the latter method.

On April 27th I operated, assisted by Drs. Butcher and Little.

I made an oblique incision from the extremity of one fragment to that of the other, and divided all the structures down to the bone. I then raised the periosteum with a blunt elevator from both fragments. As I attempted to do this completely, I was interrupted by a mass of tissue lying in the interval between the fragments in front; this I raised out of the space and removed. I then projected the lower fragment forwards, which was done to some small extent with facility; but, beyond this I feared to go, as the force necessary, appeared to me to be too great. I passed a chain-saw behind the fragment, but broke it in the attempt to work it. I then cut off the fragment with a powerful bone forceps, and then cut with the same instrument an even surface on the upper end of the fragment. This being done, it was easy to apply Butcher's saw to the extremity of the superior fragment, and after three transverse sections of the bone it was possible to reduce the fragments to a straight line. On the posterior part of the fragments some pieces of new bone were formed in the periosteum and surrounding tissues, but not sufficient to support the fracture and prevent motion. Before reduction was possible, it was necessary to apply considerable force in order to detach the fibula from its faulty connections, but in this way I succeeded without being obliged to expose the bone or cut it. The operation, necessarily a tedious one, was unfortunately much hurried by the bad behavior of the patient under chloroform. At one time, just as I was clearing the first piece of bone and applying the chain-saw, he showed marked symptoms of an inclination to faint, and caused me much anxiety; so that I was forced to suspend the chloroform in great measure, and make the best haste I could to finish my work. To this I attributed my breaking the chain-saw, for it was slow to start its cutting on the rough posterior surface of the bone, and was broken by too hasty action. I had been prepared to use Dieffenbach's pegs, in order to stimulate the union of the fracture, but for two reasons I laid them aside. First, I considered that I had found a sufficient cause for the non-union of the fracture in the mass of tissue which I found interposed between the parts of the fractured bone. This mass of tissue was, as far as I could judge during the haste of operation, composed of muscle and tendon. Secondly, I considered the condition of the patient, resulting from the effects of

chloroform, too dangerous to allow of any prolongation of the time of operation, beyond what was absolutely necessary to effect the reduction of the fracture.

No ligature was used during the operation, and but slight oozing of blood occurred after reaction set in. For more than an hour after the patient was removed to bed, the lower segment of the limb caused me great anxiety, for it was cold, livid, and its vessels were pulseless, but gradually it recovered its heat and color, and the arteries could be felt beating. The limb was put up in a box-splint, with the knee slightly bent and raised; except for trouble caused by sloughing of the heel, and of the skin over the crest of the tibia, caused by the pressure required to retain the fragments in the straight position, the case progressed steadily, though very slowly, to recovery.

The patient was discharged from hospital on January 6th, 1872, and returned to Kilkenney, able to get about with a crutch and stick, the bone firmly united, and nothing but time and use required to establish the full action of the limb; the shortening was barely 2½ inches, rather less than that of the limb before operation.

#### The Effect of Ergot in Utero-gestation.

Dr. JOHN DENHAM says, in the "Proceedings of the Dublin Obstetrical Society":

For some time past we have been engaged in observing the effect produced by ergot during the period of utero-gestation; and we have had forced upon us the conviction that ergot, if given, say between the sixth and ninth months, neither affects the life or health of mother or child, nor does it bring on labor until the full period of utero-gestation is completed. Permit me to give the details of one of the cases alluded to:—

Jane Doyle, a fine, healthy young woman, from the country, unmarried, and, according to her own account, not pregnant. Was admitted into the chronic ward in May last. The foetal heart was distinctly audible. On 18th, 21st, and 23d of May, she got 20 gr. of freshly powdered ergot three times each day without producing the slightest perceptible effect. Early in June we gave her 3j. of liquor ergoti three times a day for seven days almost consecutively. It produced no effect whatever, except to sicken her very much, until at length she refused to take it any longer. She remained in hospital, nevertheless, and was delivered on 28th July of a healthy male child, with nothing whatever remarkable in its appearance. This woman took 12½ drachms of ergot.

It frequently happens that women come into hospital suffering from spurious pains, but not in labor, although they have reached their full time. In such cases we have often remarked that the ergot, if persevered in for a day or two, generally brought on the labor. For example, Mary Wickham, aged twenty-nine, admitted on her second child, on 25th June last. Found not in labor. She was ordered three draughts, containing 3j. of

liquor ergoti. On 26th the ergot seemed to have produced no effect, and the draughts were ordered to be repeated every fourth hour. Her labor came on in the course of this day, and she was delivered of a fine healthy child at 9.50, having taken in the two days an ounce and a-half of liquor ergoti. We do not believe that the giving of ergot will bring on abortion in healthy women, even where there has been some threatening of it; but if the process has really set in, then the ergot rapidly hastens it. In numerous instances of threatened abortion we have given it with a hope of either arresting the hemorrhage or bringing on the abortion, but apparently without any effect, as the hemorrhage has gradually ceased, although we could not attribute that to the ergot, and the women have often gone on to the full period and given birth to healthy children. Our experience of ergot has not, I regret to say, increased our confidence in it as a remedial agent in *post-partum* hemorrhage, either before or after the expulsion of the placenta. Before the removal, because it induces a condition of the uterus unfavorable to the introduction of the hand should that operation be found necessary. After the removal of the placenta, because of its depressing effect on the circulation and nervous system, and because it very often induces nausea and vomiting, but especially because we have not found it to produce its specific effect on the uterus after it has been entirely emptied of its contents; and further, because we almost invariably find that steady pressure on the fundus with the hand, and the free application of cold water, both externally, and more especially the direct introduction of it into the vagina and uterus by means of a gum-elastic tube more prompt and efficacious than all other remedies. Where from the previous history of the patient we have reason to apprehend *post-partum* hemorrhage, we never fail to give ergot towards the end of the second stage of labor, and with the happiest effect. To Dr. Beatty we are indebted for this valuable suggestion in the treatment of hemorrhage, and it is one of great practical importance.

In cases of tedious labor, even where the delay arises from simple inertia, and in which the ordinary remedies, such as change of position, stimulating injections, etc., fail, we do not so often give ergot as we formerly did, but prefer using the forceps, by which we believe the mortality of both mothers and children has been considerably diminished. Our experience of ergot during the period of pregnancy has led us to the following conclusions:—1st. When given to a pregnant woman, even in repeated doses, at any other than the full period, it produces no effect whatever beyond nausea and loss of appetite. 2d. It produces no injurious effect upon the fetus in utero. 3d. Where the process of abortion has commenced, the ergot hastens it materially, and acts very beneficially. 4th. When given in the second stage of labor, it often acts beneficially and hastens the labor, but if the labor be not

soon completed, it is attended with great danger to the child, not from any toxic effect of the ergot, but by the mechanical obstruction it offers to the circulation, and the continuous and powerful contraction exerted on the child.

In *post-partum* hemorrhage after the expulsion of the placenta, we do not believe it exerts much influence on the uterus, therefore we seldom use it in such cases; but rather trust to other remedies already alluded to.

There are few countries in which charms or medicinal agencies do not and have not existed for the purpose of inducing labor or increasing uterine action. For example: in a work lately published by a Mr. Whimper, on British Columbia and Vancouver's Island, he mentions that the tail or rattle of the rattle-snake, in powders, is used as an infallible remedy for inducing or increasing uterine action. And in our own country, Erin's green isle, the shaking of a labor-patient, or waving her backwards and forwards nine times, and then giving to her nine grains of blasted corn or grain, was looked upon as a certain means of bringing on or increasing uterine pains.

It is possible, perhaps probable, that our American friends who claim credit for the discovery of ergot as a therapeutic agent in the practice of midwifery, are indebted to some wise old Irish croue, who emigrated to that land before many, now present, were born, for the hint which led to the discovery of this medicine now so generally used, and, I may add, often abused.

#### Stone in the Female.

Dr. PLUM has on this subject the following remarks, in the *Dublin Medical Journal*:

The method of operation, which may be considered the principal one in the treatment of vesical calculus in women, is certainly that of *lithotrixy*. This procedure is far more easily carried out in their case than in that of men. The short, straight, and wide urethra enables the operator to manœuvre easily with the lithoclast in the bladder; there is no prostate; and the fundus of the bladder is dilated downwards somewhat pouch-fashion, so that an assistant, by introducing his finger into the vagina, can aid in lifting up the stone between the blades of the instrument. Lastly, the crushing does not require to be so fine in the case of women as in men, as even the larger fragments can readily pass out through the wide urethra. The lithoclast is also admissible in the case of female children. Fergusson, for example, has repeatedly employed it with success: amongst other instances, in a little girl of five years, in whose case in two sittings, at an interval of a fortnight, he crushed and removed a stone. The only inconvenience that this operation labors under in women more than in men is that the patient frequently experiences difficulty in keeping back the urine during the process, so that it strains out at the side of the lithoclast, and



that without the possibility of preventing it, as in men, by compressing the urethra against the instrument.

It is certainly quite beyond dispute that we would prefer lithotomy in every case of vesical calculus in a woman if this operation were admissible in all instances, but this unfortunately is not so. Sometimes the stone is so large, or so hard, that it is impossible to crush it, and in other cases a condition of the bladder—a considerable inflammation or irritability—affords a contra-indication for lithotomy. In such cases, if we except dilatation of the urethra, we have only the operation of cutting to fall back upon, and this too is very often practiced, numerous methods of various kinds having been described in the case of women as in that of men.

The high incision over the symphysis pubis has been resorted to. The anterior wall of the bladder has been opened by a transverse incision between the urethra and symphysis, the so-called "vestibular" operation of *Lisfranc*, a procedure which is so very objectionable in all respects that it is now scarcely ever used. Urethro-vesical incisions in all possible directions have been made—upwards, downwards, outwards—most frequently, indeed, obliquely outwards and downwards towards one or both sides, corresponding to the lateral and bi-lateral incision in man. Lastly, the bladder has been entered from the vagina by the vesico-vaginal incision, or "kolpo-cystotomy," as it is called.

If anatomical conditions in women are considered, and if we seek for a place where the bladder may be opened to a sufficient extent without wounding the peritoneum, or any large vessels, the last-mentioned operation, that by a vesico-vaginal incision, appears to stand forth as the easiest and most natural. And if it has not hitherto been very extensively employed, the reason certainly is this, that we were formerly helpless against vesico-vaginal fistula, which was regarded as, and really was, an almost unavoidable consequence of the operation. We, in performing it, secured a new complaint for our patient, a complaint in no wise inferior to that from which she had been set free. This state of things has, however, become quite altered with the progress of our time in this direction.

The successful results which have been obtained of late years from the operation of vesico-vaginal fistula, according to the American method, should naturally place kolpo-cystotomy under far more favorable circumstances than hitherto, for we can now be pretty nearly certain of being able to close the fistula produced by the operation, and if the apprehension of causing a permanent vesico-vaginal fistula is once removed, it seems to me that all objections to kolpo-cystotomy must fall to the ground.

The length of the anterior wall of the vagina is sufficient to enable us to form an opening large enough to remove a stone of fully as great a size, at all events if we divide

it in pieces, and that without coming into collision with important anatomical parts, without any special hemorrhage when the incision is made in the middle line.

This operation has now also been adopted anew in most countries, and if, in the literature of late years, we meet with only individual communications respecting it, this no doubt arises alone from the rare occurrence of such cases, just as the reason why some very recent surgical authors, as for example *Linhart* and *Emmert*, seem not to share the view here propounded of the subject, and in their text-books devote but a few words to kolpo-cystotomy, is no doubt alone to be sought for in the very small experience of these authors in this procedure.

After having learned from the operation for vesico-vaginal fistula how readily even considerable deficiencies in the vesico-vaginal wall may be closed by a careful paring and accurate adaptation of the edges, we may, without losing sight of the subject of kolpo-cystotomy, go even a step further, and endeavor, by all means, to prevent the formation of fistula, by bringing together the wound with sutures, immediately after the removal of the stone. The operation has been successfully practiced in this way, first by *Marion Sims*, and by *Vallet*, of Orleans; in England for the first time, with a partially successful result, by *James Lane*, in 1862, after *Paget*, of Leicester, had previously tried it, without the union being completely successful. Subsequently several satisfactory operations of this kind have been performed by *Lyon*, of Glasgow, *Aveling*, of Sheffield, and *Baker Brown*.

The only condition under which the operation appears to me necessarily to be exposed to considerable difficulties is in children; but even in this case, experience shows that the difficulties are not insurmountable. *Fergusson* has removed a mulberry calculus the size of a walnut from a girl 9½ years of age by kolpo-cystotomy, while the attempt to close the wound with sutures failed. *Paget* has undertaken the operation in a child three years old, and *Simon*, lastly, has communicated in the 12th volume of *Langenbeck's Archiv. für Klinische Chirurgie* a very interesting case, in which he succeeded in a girl eight years of age—certainly with much difficulty and only after repeated operations—in closing a vesico-vaginal fistula 5½ centimetres in length, that had been produced by the ulceration of a calculus through the wall of the bladder.

#### Treatment of Chorea.

Dr. ED. MONTGOMERY says, in the *North-western Medical Journal*:—

The causes of the disease being so various, our treatment should also vary in different cases so as to adapt our remedies to the modification or removal of the predisposing and exciting causes of each particular case. When the disease depends on anemia, malnutrition, or an altered condition of the blood, favorable hygienic measures with



tonic medicaments are indicated. In these forms of the disease strychnine, quinine, arsenic, zinc, iron, etc., are the medicines from which most good is to be expected. The following is a favorite prescription of mine in these cases:—

R. Strychnia, gr. j.  
Quinæ sulph., ʒj.  
Acidi phosphorici dilut., fl. ʒj.  
Aq. menth. virid., fl. ʒvj.  
Tinct. cardam. comp., fl. ʒj. M.

Sig. A teaspoonful three times a day, for a child eight or nine years of age.

The citrate of iron and quinine, or Fowler's solution of arsenic with the tincture of cimicifuga racemosa, are remedies well adapted to this form of the disease.

When there is exalted nervous sensibility or hyperæsthesia, musk, asafoetida, castor, valerian, zinc, etc., will be found of essential service. A very good prescription is the following:—

R. Moschl, gr. xij.  
Zinci oxid., gr. xxiv.  
Sacchari, ʒj. M.

Divide in powders No. xii,

S. One powder three times a day for a child aged eight or nine years.

The only objection to the above is the expense of the musk.

Another very excellent compound in these cases, is this:—

R. Zinci sulphatis, gr. xxx.  
Ext. valerian (fluid), fl. ʒj.  
Syrup limonis, fl. ʒij. M.

Sig. A teaspoonful three times a day, gradually increasing the dose.

I have found this prescription act most happily and promptly, stopping the choreic movements in a few days. To a watery solution of the sulphate of zinc may be added the tincture of castor, musk, cimicifuga; or any of these tinctures may be added to Fowler's solution, or the fluid extract of valerian, and it is well to have a variety of forms so as to administer that combination which is most grateful and most efficacious to the patient. If pills can be swallowed, zinc and asafoetida can be given in that form with very flattering prospects of success. We have very great faith in the efficacy of zinc in a great many cases of chorea; either the oxide or the sulphate will answer; we should gradually and steadily increase the dose and keep giving the medicine until the desired results are obtained. We have such confidence in the efficacy of zinc in the great majority of these cases, and we have had such remarkable success with it that we consider it almost a specific; a great many years ago we cured a young woman, aged twenty-three, who had been constantly suffering with the disease for ten years; in this case, besides the zinc, we prescribed the strychnine and quinine mixture; and also gave Vallet's carbonate of iron pills freely. It is important to pay attention to the bowels;

when sluggish or torpid, the following prescription will be found particularly appropriate in this, as in many other diseases attacking patients of weakly or nervous constitutions:—

R. Ext. belladonnæ, gr. ij.  
Ext. nucis vomicæ, gr. iv.  
Ferri sulph. exsic. ʒss.  
Pulv. aloes soc., ʒij. M.

Divide into twenty pills, and give one night and morning, or one every night as the case may require, until the bowels become perfectly regular.

We can confidently recommend the above pills in cases of chronic constipation; by taking one every night and morning for a short time, then one pill a day for a few days, then one pill every two or three days, in a few weeks the medicine can be dispensed with entirely. If the patient cannot swallow pills, the following may be substituted for them:—

R. Ferri citratis, ʒi.  
Tinct. belladonnæ, fl. ʒj.  
Tinct. nucis vomicæ, fl. ʒij.  
Tinct. aloes, fl. ʒij.  
Syrupi limonis, fl. ʒxij. M.

Give a teaspoonful, or more, according to age, every day, or more frequently if necessary.

This formula for an aperient mixture we have found a very excellent one; it does not nauseate or sicken the patient, but on the contrary gives tone and energy to the digestive organs and removes the tendency to returning constipation, thereby obviating the necessity of giving frequent purgatives.

If we suspect endocardial disease, embolism, arachnoid effusion, or softening of the nervous centres, we may not be able to accomplish much with medicines, but even in these cases we would urge the employment of the iodide or bromide of potassium, carbonate or hydrochlorate of ammonia, etc. The most favorable hygienic conditions are necessary in these cases.

#### Uterine Movements and their Cause.

The *British Medical Journal* quotes from a short paper of considerable interest to gynecologists, by Drs. ASER and SCHLESINGER, in No. 52 of the *Centralblatt für die Medicinischen Wissenschaften* for 1871:—

From numerous experiments, chiefly made on pregnant rabbits, in which the uterus was generally at rest when they began their observation, they discovered that, whenever the blood which circulated either through the brain or through the uterus itself became extremely venous, tetanic contraction of the uterus took place. As is well known, the blood which is contained in the vessels of any part of the body may be rendered venous in several ways. It may be done by stopping the respiration, so that fresh air is prevented from reaching the blood in the lungs; in which case the blood becomes venous throughout the whole body. Or the same effect may be produced by arresting the cir-

ulation in a part, by tying either the arteries going to it or the veins returning from it, when the blood stagnates in the vessels, and becomes completely venous; so that this part of the body is, as it were, suffocated, while the rest of the body is well supplied with arterial blood. A third way of producing this condition is by bleeding profusely, so that too little blood is left in the body to keep up the circulation. Accordingly, the authors found that when respiration was stopped in curarised rabbits, violent contractions of the uterus occurred in from ten to thirty seconds afterwards. This was due to the venous blood irritating the brain; and the same effect could be produced by cutting off its supply of blood through ligation of the innominate and the left carotid and subclavian arteries. Bleeding the animal nearly to death acted still more rapidly, and produced tetanic contractions of the uterus in between five and fifteen seconds. The irritation of the brain, which produced uterine contractions, was conducted down the spinal cord to the uterus; and when the cord was divided, irritation of the brain in any of the ways just mentioned produced no effect. Stagnation of the blood in the uterus, produced by compression of the aorta, caused uterine movements of the same tetanic character, but which did not begin till the compression had been kept up from seventy to one hundred seconds, and were occasionally rather weaker than those which originated in irritation of the brain. If spontaneous movements of the uterus were present, they soon ceased after compression of the aorta was begun; and when arterial blood was again allowed to circulate through the organ by removing the compression, a strong contraction of the entire uterus, quickly followed by rest, took place.

#### Pendulous Abdomen in Pregnancy.

Dr. D. W. THOMAS says, in the *Medical Herald*:—Pendulous abdomen often proves a serious obstacle to successful natural labor. I am not aware that much importance is attached to it by writers on the subject, yet I am confident that labor is at least greatly retarded. Two cases which have proven disastrous under our observation during the past year have led us to give this difficulty more attention than we have hitherto done. In the one case, successful delivery of a dead child was with very great difficulty effected by the long forceps. In the other, the result was more unfortunate, as mother and child succumbed. The long forceps were attempted, but failed, as all the force which could be used but drew the child more tightly against the pelvis. The turning was finally resorted to, and delivery effected after much difficulty. But by this time the mother was borne beyond the point of recuperation, and died about six hours after delivery. Each of the above women had previously borne a number of children, and had been subjected to hard labor over the wash-tub, and I had attended

each of them in previous labors, which were attended with no untoward circumstance. In each of the cases the weight of the abdomen rested nearly on the anterior surfaces of the thighs, thus evidently binding the uterus in such manner as to render the force of the uterine contractions ineffectual, by the abrupt angle which the child must make in its passage. Protection against such a condition we think could be had by the adoption of a firm bandage a few months before labor, relieving the relaxed muscles of the abdomen from the heavy weight of the gravid womb.

### REVIEWS AND BOOK NOTICES.

#### BOOK NOTICES.

*The Mother's Register; Current Notes of the Health of Children.* From the French of Prof. J. B. FONSSAGRIVES. New York: The Nation Press. John Ross & Co., 1872. First vol., Boys; second vol., Girls. Svo.

This Register is designed to be a record of the principal events in the physical history of children. The headings are printed, and sufficient blank space left to fill up with the facts about the child. The general headings will give an idea of the class of facts recorded. They concern Descent, Birth, Nursing, Weaning, Vaccination, Teething, Growth, Walking, Indispositions, Eruptions, Diseases of Infancy, Sight and Hearing, Habits, Exercise, Mental Exertion, and Accidents. Notes are added at the foot of the page, explaining what points might not be understood or appreciated by the mother; while the Author's Preface shows in clear language the value of such a record to the child in after years, and to the parent while her offspring is immature.

The eminent author, Prof. FONSSAGRIVES, well known in France for his many valuable works on hygiene and popular medicine, has prepared these schedules with great care and completeness. Their value, if generally adopted, could hardly be over-estimated; and as they are easily comprehended, and kept with so little trouble, physicians will do well to commend them extensively in their family practice. Thousands of American mothers would gladly use them were they made aware of their existence and their purpose.

The American translator has done his work judiciously, and what changes he has made in the original are only such as to adapt it better to the needs of American life.

## MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## CHANGE OF AGENT IN NEW YORK.

Mr. Z. P. HATCH being absent a great deal from New York, and the necessity of having an active agent and a convenient office in that city constantly increasing, we have appointed Mr. GEORGE KEMPTON, No. 194 Broadway, as our New York agent. We feel assured that subscribers, advertisers, and others in New York and vicinity, who may find it convenient to transact business through that agency, will find Mr. KEMPTON attentive, prompt, and correct in his business transactions.

Mr. HATCH retains the agency of the HALF-YEARLY COMPENDIUM.

## MEDICAL TESTIMONY.

Those who would be glad to see medicine asserting itself as a reliable art before the public mind cannot but read with unmingled regret the testimony of the physicians and surgeons in the recent trial of STOKES, for the alleged murder of JAMES FISK, Jr.

Among the medical witnesses subpoenaed for that occasion were several quite eminent in New York city, and who, one would suppose, would manifest some unanimity of opinion about, at least, the most important

points in the diagnosis and treatment of an uncomplicated case of gun-shot wound; or, if they disagreed, would only do so on urgent and positive grounds; and if such grounds existed, would express their honest disagreement about uncertain questions in reserved and measured language; and, at least, if it was necessary to enunciate the most decided disagreement, in unmistakable terms, that this would be done with due regard to the rules of courtesy which govern gentlemen, and an absence of vulgar personal invective.

In every one of these points the testimony shows that several of the medical witnesses violated every expectation of the kind. The most positive opinions were expressed and defended with intemperance in language and almost scurrilous defamation of other medical men.

Two points especially illustrate this:

It is known to all our readers that the defence would like to have shown that FISK died of too much probing, or else too much morphia. In order to establish these views they led certain of the medical witnesses to express themselves positively and without any reserve, on questions which must have been subject to doubt in their minds, and which, under the cross-examination, they clearly showed were founded on partial or insufficient evidence.

In order to advocate the propriety of his criticisms—which were unsparing—of the practice adopted in the case, one surgeon was obliged to make the following shifts, under the cross-examination of Mr. FULLERTON:

Q.—Do you ever administer opium? A.—Frequently.

Q.—Do you ever in cases of shock? A.—Primary stages. (?)

Q.—Any stage? A.—Never in the first stage.

Q.—Repeated? A.—Not in large doses.

Q.—Repeated? A.—After the irritability of the shock has passed away and the depression has passed, and the sequence of the shock has come, then opium in small doses can be given.

Q.—Repeated? A.—I administer it in sequences of shock.

Q.—Repeated? A.—No.

Q.—Don't you call the sequence of a shock a shock? A.—No, sir, I never do, but physicians are apt to differ about the stages of shock.

Q.—Do you consider collapse a sequence of shock? A.—I consider it a part of the shock itself.

Q.—Wouldn't you have given opium in such a condition as this? A.—No, sir. There is a certain peculiar condition when the patient is irritable and restless, although he may have got over the shock; you may then give a grain of opium.

Q.—You would give a grain? A.—No, I would not.

Q.—Wouldn't you give any? A.—[Hesitating.] I would give half a grain.

Q.—Suppose the irritability continued, what would you do then? A.—I might give another half grain.

Q.—After waiting awhile and the restlessness continued? A.—I might possibly give him another half grain, but after this continued to a certain extent I would stop.

Q.—We haven't got to that extent yet. [Amusement.] A.—I might give something else.

Q.—I am not asking you what you might do, but what you would do? A.—I should stop the opium and try something else.

Q.—Suppose, after giving opium, the irritability subsided so as to make you think that the opium had been of service; and suppose the irritability afterwards recurred, what would you do? A.—Oh, you are putting a theoretical question now.

Q.—And I want a theoretical answer, sir, right out of your practice. [Laughter.] A.—I might give half a grain of opium, but I would not stick it into a man.

Q.—What do you mean by "sticking it into a man?" A.—Hypodermic injection means "sticking it in," don't it?

Q.—Yes. A.—O, [triumphantly smiling,] then I am right, am I not?

Q.—You sometimes stick it in, don't you? A. [Hesitatingly.]—Very seldom.

Q.—You do sometimes? A.—Yes sir.

Q.—Is not the effect of this introduction under the skin more quickly perceived? A.—Yes, sometimes; not always.

Q.—Does it last long? A.—Sometimes; it depends on whether it gets into the circulation or simply into the cellular tissue.

Q.—How long does the effect of half a grain of opium continue when injected? A.—I never gave under the skin a half a grain; I consider it dangerous.

Q.—If irritability should return again, and the patient should ask for more opium, would you not regard it as some little evidence that the effect of the morphia had passed away? A.—What a patient asks for is nothing. Yes, sir, a little.

Q.—Suppose, at four o'clock in the morning, a person injured should ask for a glass of water, and take the vessel in his hands and drink, would you regard it as some little evidence that he was under the influence of opium to any great effect? A.—It might be considered that the effect was passing away.

Q.—Persons die of shock, don't they? A.—There are exceptional cases, as you say, [smiling] it depends on the vital energy of a man to a large extent.

Q.—A person's vital energy don't depend on his size or apparent robustness? A.—It depends on his courage.

Q.—Do you believe that a person wounded as FISK was could help sustaining a shock? A.—He must have had a shock; it follows necessarily.

Q.—Is there such a thing as a person sustaining a shock without having external evidences of it? A.—I should think not.

Q.—Now, will you tell the jury what, in your judgment, he died from: you say you saw the treatment, and have a general idea of it? A.—I shouldn't think it was shock.

Question repeated. A.—I didn't see him enough; I didn't see him toward the last.

In somewhat similar style is the following evidence of another physician on cross-examination by Judge FULLERTON:—

Q.—You say, then, from that, he must have died from morphine poisoning.

Mr. TOWNSEND—He did not say that at all.

The COURT—Yes, he did; he twice stated that death was caused, according to the appearances, by opium poisoning.

Mr. FULLERTON—You say, then, that from the symptoms that have been read, the man must have died of opium poisoning? When a person dies of opium poisoning, what are the effects? A.—I expect to find effusion of water on the brain, or congestion.



Q.—But how if you don't find that? A.—I simply say that account is insufficient.

Q.—Don't you learn from the post-mortem that the brain was healthy? A.—Yes.

Q.—Well, does that imply that he died of effusion or congestion? A.—I am not prepared to say; what is written there is, in my opinion, absolutely useless.

Q.—Never mind that, then. If the brain was healthy—no congestion, no watery effusion—did that imply he died of morphine poisoning? A.—I must answer my questions in my own way.

Q.—No you won't. You'll answer the questions as they are put to you. Why do you say that he died of morphine poisoning, when the post-mortem shows that the brain was healthy? A.—My answer is grounded on the description and the post-mortem.

Q.—Do you confine yourself to the symptoms during life? A.—They were not read together; my answer was made on the symptoms.

Q.—Yes; but after the reading of the post-mortem you said that he died of morphine poisoning; but you don't predicate that opinion on the conditions after death? A.—No; I referred to the symptoms during life.

Q.—Now you commence to take a new departure. Now, if you learn that after death the brain was healthy, would you then adhere to the opinion that he died of opium poisoning? A.—From what I have seen of opium poisoning, and what I have seen of post-mortems, I should expect there would be cases where the opium could not be found; I would have to look over the records before answering that question.

Q.—Ah, then you are not prepared now? Can't you state whether if upon the post-mortem examination the brain was found healthy, no watery effusion, no congestion, the person died of morphine poisoning? A.—I should think it very doubtful; we don't pretend to be absolutely certain of anything in medical practice.

Q.—You have given your answers to the counsel on the other side based on facts assumed by the counsel. It was a mere answer given on a hypothetical question? A.—Yes.

We do not intend to comment on this testimony, nor have we quoted the vulgar personalities which some of these surgeons indulged in toward each other. Any hon-

orable medical man reading the medical testimony in this trial must feel that many portions of it are disgraceful to the profession, and certain to sink it in the opinions of the best class of the community. The conclusion that we draw from it is, that summoning medical witnesses to testify against each other subverts no end of justice, degrades the profession, and ought to give place to the system of medical experts.

## NOTES AND COMMENTS.

### Action of Medicine.

Dr. ALLEN D. MACKAY, of Stony Stratford, England, says, in a recent address:—The greatest problem in medicine, the action of drugs, is still unsolved, though much is being done towards its solution. For its fair solution, however, a very candid and observant mind is required; a mind thoroughly unbiassed by any preconceived dogma, and one that can study facts alone, with due consideration for adventitious matter—that can, in fact, sift “the wheat from the chaff.” To judge by the wonderful array of new preparations advertised as recommended by some “eminent physician,” one would think we had a specific for nigh every disease; whereas to my mind, and I doubt not to the minds of many whom I am addressing, the longer one lives and deals with drugs, the greater faith one has in those that have stood the test of years when properly applied. It is true, ever and again a new useful drug crops up, such as in our time have been iodide of potassium, bromide of potassium, chloroform, chloral, and perhaps some few others; but in those wonderful combinations of three or four drugs together, which are daily advertised in our journals, I have little faith; nor do I think that the multiplicity of drugs in prescribing is desirable, if we are ever to attain to an accurate knowledge of their therapeutic uses. The therapeutic effects of drugs must be studied, each one solely and alone; and in this all of us can more or less assist, and so each in our little sphere help forward that which we must all have at heart—the foundation of medicine on a rational basis. I say that all of us, wherever our lot may be cast, can help this matter forward. A pencil and a scrap of paper in our pocket

can note down all we want, and at our leisure we can copy down more indelibly the effects we have seen; but a fair and unbiased analysis of results must be insured.

#### Death after taking Hydrate of Chloral.

F. JOLLY (*Bayer. Erztl. Intell.-Blatt*, 1872, Nos. 13 and 14) states that in the course of two years, during which he has employed hydrate of chloral in the treatment of the insane, he had met with two cases of sudden death following its use. The dose was in each case below the average, and the chloral was chemically pure. The patients during life presented no contraindications to the use of the remedy. One had taken the chloral at night for four evenings in succession; on the fifth evening, after taking it, the respiration and circulation at once ceased. The necropsy showed anæmia of the brain, acute œdema of the lungs, hyperæmia of the abdominal organs, a perfectly healthy heart and vessels, and dark fluid blood. In the other case, chloral had been given twelve days in succession, with the effect of producing sleep after a short stage of excitement. On the thirteenth day the patient died, after some stertorous breathing, a quarter of an hour after the dose. There was here found moderate œdema of the lungs; the blood was fluid, but normally distributed; the heart was large and flabby, and its muscular structure was pale, but not friable.

#### Subcutaneous Injection of Ergotin in Uterine Fibromyomatous Tumors.

Dr. HILDEBRANDT, of Königsberg, has used subcutaneous injection of ergotin in nine cases of uterine fibroid. He employs a solution of 3 parts of aqueous extract of ergot in 7.5 parts of distilled water, and the same quantity of glycerine. Langenbeck's solution he has found to produce pain, on account of the alcohol contained in it; while the use of the solution which he recommends is unattended with pain, and is not followed by suppuration. Somewhat tender indurations are now and then left for some time at the seat of injection. In general, however, the treatment is unattended with inconvenient results. The lower part of the abdomen is more sensitive to the puncture and the injection than is the neighborhood of the umbilicus. At the time of menstruation, and for a

after, slight bleeding takes place from the punctures. The general result of the injections has been a diminution of the tumors; and Dr. HILDEBRANDT accounts for this by supposing that the increased compression produced by the ergot interferes with their nutrition, and leads to their degeneration and absorption.

#### Comparison of Disinfectants.

The value of various substances for disinfecting and clarifying is expressed by the following figures, according to Professor FLECK:—

	Per Cent.
Chloride of lime disinfected.....	100.0
Caustic lime disinfected.....	84.6
Alum disinfected.....	80.4
Sulphate of Iron disinfected.....	76.7
Chloralum disinfected.....	74.0
Chloride of magnesium disinfected	57.0

The disinfecting and clarifying power of chloralum is less than that of alum or sulphate of alumina, and of sulphate of iron, which are distinguished by their cheapness.

#### A Remedy for Catarrh.

Dr. E. BRAND (*Berlin. Klin. Wochenschrift*, No. 12, 1872) speaks in terms of recommendation of the following formula for an antecatharrhal olfactory, prescribed by Dr. HAGNER: R. Carbolic acid, 5 parts; rectified spirit of wine, 15 parts; strong solution of ammonia, 5 parts; distilled water, 10 parts. The mixture is kept in a stoppered dark glass bottle. When a catarrh is commencing, a few drops are placed on three or four layers of blotting or filtering paper; the patient, holding this in his hand, and closing his eyes, inhales deeply from it as long as any smell is perceptible. The effect of the treatment is to cut short the acute stage of the cold, to prevent the occurrence of subsequent coryza and bronchial and laryngeal catarrh; while all troublesome symptoms are rendered much milder. The remedy should be applied every two hours.

#### Medical Superstitions.

A correspondent of the *Augsburg Gazette*, writing from St. Petersburg, sends that journal some curious details regarding the means employed by the superstitious in Russia to avert the effects of cholera. One of the most curious results of the cholera, says he, has been to bring out in various localities certain revelations of Paganism.

The spread of this mysterious and terrible disease led to the supposition of a Divine chastisement, and attempts were made to seek protection from it by practices which seemed to have fallen into oblivion for centuries. It is a remarkable fact that Christians and Jews showed this leaning towards Pagan customs in an equal degree.

#### Ingrowing Toe Nail.

The following suggestion is made in the *British Medical Journal*, by Dr. G. STILLWELL:—Forty years since, when I was an assistant, a young farmer one day came to the surgery, and was operated upon for an ingrowing toe-nail. This was done by tearing the nail away. The poor fellow suffered so severely that I was induced to say, "I will never perform that operation." Of course, in many years' active practice, I have had many such cases under my care; and my invariable mode of proceeding has been to find the edge of the nail with a probe, and then remove the whole of the granulations and hypertrophied cellular tissue on both sides, if requisite. In no case have I been disappointed, or ever had to treat the patient for a return of this grievous complaint. I fully expected that this mode of treatment was general; but my attention has been recently drawn to the case of a fine young man rendered almost a cripple, by having had both his great toe-nails torn out, leaving the overlapping skin to such an extent as to prevent healing, with the probability of return on the growing of a new nail.

### CORRESPONDENCE.

#### Gratuitous Services to Ministers.

EDS. MED. AND SURG. REPORTER:—

Several communications have recently appeared in the REPORTER in reference to attending the families of ministers gratuitously. That is a difficult question to settle, and in fact it would be impossible to make a rule that would be applicable to all cases. The minister who attends strictly to his own business, and does not meddle with that which belongs to physicians, is entitled to encouragement from every source; and, if he is poor, the gratuitous services of physicians surely would not be out of place, or such part of them as the physician might be able to give. But, on the other hand, if

a minister is a quack; deals in patent or secret remedies, or recommends them; gives certificates in favor of either quack medicines, quack doctors, or quack systems of medicine, then I do not think that such a one, though he be called a minister, is entitled to any favors at the hands of physicians.

I do not consider that a quack preacher is any better than a quack doctor; and I am in favor of treating both alike, for both are alike enemies to physicians, to the church to which they belong, and to God. The minister proper, however, who aims to honor God and benefit humanity, and who lives and labors with those objects in view, certainly merits at the hands of physicians a different treatment from one who carries his homœopathic case in his pocket, or recommends the practice, or peddles patent medicines in his rounds. One is serving God, and the other the devil; and I do not think that physicians should be bound to encourage the latter, no difference if he is called a minister.

JOHN WRIGHT, M. D.

Clinton, Illinois.

#### Remarks on Subinvolution of the Uterus.

EDS. MED. AND SURG. REPORTER:

I do not profess to make Gynecology a specialty, and I stated distinctly in my article on Ulceration that I believed the use of the speculum might sometimes be abused; yet I do believe that more evil results to woman because it is not used, than by reason of its improper use, or because of its demoralizing tendency.

In this relation I wish to make some observations on the paper "On Gynecological Treatment," which appeared in your issue of April 27th, from the pen of J. P. Chesney, of Saint Joseph, Missouri. He has given some of his observations, and I hope that I may give some of my own on the other side of the question.

He says of one of my cases, which I regarded as ulceration, the result of cervical inflammation: "Here we clearly find a case of Subinvolution of the Uterus, with all the consequences of malposition, malnutrition, etc., the whole train of phenomena being a *sequence* and not the *cause* of the general ill health of the patient," and a little further on he says, "the local lesions were not the *cause*, but the *consequence* of the indur-

position." That there was an ulceration I know, because I saw and treated it through my speculum, and the lady recovered; but whether this good end was a *propter hoc*, or simply a *post hoc* result, I cannot say. However, this much I can say: She had received a general course of treatment (consisting of tonics, stimulants, nutritious diet, etc.) from the hands of a competent physician, yet, strange to say, she never recovered until the *local lesions*, which I regarded as the *cause* of her indisposition, were repaired by *local treatment*.

There may have been a subinvolution of the womb in connection with the ulceration of the os and cervix, but if there was, then either Dr. Chesney is wrong, or Professor T. Gaillard Thomas is wrong in regard to the causes which gave rise to it. Thomas uses the following language upon the subject of subinvolution:—

"*Causes*.—The most prominent of these are the following:—

"Metritis or Endometritis,

"Uterine Congestion,

"Uterine Atony,"

and further remarks, "Inflammation of the uterine parenchyma, or mucous membrane, *whatever* be its cause, *retards and checks* involution, and is the most frequent *source* of subinvolution." See page 469, "Thomas, on the *Diseases of Women*."

But again, suppose it was subinvolution dependent upon ulceration, one of the effects of inflammation; then the treatment by tincture of ergot and digitalis, which the doctor regards as a "*sine qua non*," could not by any means apply, and can only apply in those cases which are caused by atony of the muscular fibres of the womb, and even in such, no such certainty of action can be expected from them, as that we can rely upon them *as a sine qua non*. Ergot is a very uncertain drug in its effects upon the unimpregnated uterus! I thought every physician knew that, and I am very sure that they will all agree with me in thinking that

"We might just as well apply caustic to the red tongue of typhoid fever, or drop a solution of nitrate of silver into the infected eye which accompanies a common catarrh, with the expectation of removing the disease," as to have given ergot and digitalis in such a case of subinvolution with such *local lesions* as an *exciting cause*!

Now, then, I fully agree with the doctor

in the opinion that we should "study our cases well," and more *especially* our cases of *subinvolution*, and when it is "proper to do so, administer medicine *understandingly*," yet I do most freely confess that I cannot treat all cases of subinvolution understandingly without my *speculum*, and not always with all the light it throws upon disease.

Very respectfully,

R. L. PAYNE, M. D.

Lexington, N. C.

#### The Largest Medical Class in America.

EDS. MED. AND SURG. REPORTER:—

A few days since I received a circular and catalogue of Bellevue Hospital Medical College, New York city, and in the said circular was made this statement:

"The session of 1871-72 having been marked by the presence of a greater number of matriculants, and a larger graduating class than were ever assembled in the walls of any other medical college in America, if, indeed, they were exceeded by any in the world." Of the number of students in attendance, the catalogue recapitulates "407, and graduates, 130."

When I read this, my memory recalled the days when I passed from my *Alma mater*, Jefferson Medical College, Philadelphia. I possessed the records *then*, and I think I have them *still*, that the graduating class of Jefferson, in the year 1854, was the largest that ever made their *debut* to the world from any medical college in this country. The catalogue now in my possession informs me that the number of matriculants were 627. The number of graduates 270. Is there, then, to be found among the records of any other medical college in the Old World or the New, a class whose numbers can exceed the number I have here stated?

When the last lecture of the day was announced, and we caught a glimpse of Charles D. Meigs passing up the halls, we knew the amphitheatre would be crowded, for then, at that late hour, many students came from the far-famed University, to hear that man of eloquence and great wisdom. For real eloquence, and a pleasing style, Chas. D. Meigs was unsurpassed in those days. His manner, was *sui generis*. He never used manuscript. He often appeared with books under his arm, and almost never referred to their pages. Though the lecture occupied the



full hour, yet I often heard students saying, "I thought the time was only half up."

What a prolific author was Dunglison! He branched into many fields during his medical career, and what he wrote was well written. The most remarkable man and lecturer of the "grand array" of that faculty was Thomas D. Mütter. He was undoubtedly possessed of one of the rarest memories, the most distinct and rapid utterance, that could be found in a public lecturer. His mind and soul were, however, too much for his feeble body.

A few years after the time I speak of, the Civil War burst with unrelentless fury upon our country. Medical men, on both sides, contributed to swell the numbers of the vast armies, not only as surgeons, but in the "rank and file." It reminded one of what Homer says of the sons of Esculapius and Machaon: "They came with thirty ships to the siege of Troy, and were ranked among the foremost of the leaders and heroes." Idomeneus, when calling on Nestor to carry the wounded Machaon from the battle-field, assures the old King that,

"A wise physician, skilled in wounds to heal,  
Is more than armies to the public weal."

Have we not an unbroken succession of medical teachers that can be traced from the siege of Troy?

EDWARD CASS, M. D.

*Dresden, Ohio.*

## NEWS AND MISCELLANY.

### The University Hospital.

Work has been commenced in leveling and grading the lot in West Philadelphia, bounded by Thirty-fourth and Thirty-sixth and Spruce and Pine streets, on which the new University Hospital is to be erected. \$200,000 has been subscribed for the hospital, besides a grant of \$100,000, which was obtained from the State Legislature. The building will be complete in all the details necessary for a first-class hospital.

### Yellow Fever.

The yellow fever has been brought to New York harbor by the Spanish ship-of-war *Numancia*.

The Board of Health are fully alive to the necessity of preventing all communication, direct, between the vessel and the shore; a task of some difficulty, as she is a man-of-war, and, as such, the claimant of privileges and immunities which a commercial vessel would never think of asking under the circumstances.

### Vermont Medical Society.

The semi-annual meeting of the Vermont Medical Society was held at the Brooks House on Wednesday and Thursday, June 26 and 27. The attendance was small, the proceedings mostly of a social nature, and the discussions of a general character. Drs. Oramel Martin, of Worcester, and Howe, of Taunton, were present as delegates from the Massachusetts Society, and were cordially received. On Wednesday afternoon Dr. H. D. Holton, of Brattleboro, read a paper on the Use of the Ophthalmoscope in the Diagnosis of Disease. A paper was also read by Dr. L. C. Butler, of Essex, Secretary of the Society, on Inhalation. The Vice President, Dr. S. T. Brooks, of St. Johnsbury, who occupied the chair, delivered an address, on Wednesday evening, which was listened to with much interest. At the close all present were invited to the residence of Dr. Holton, where the remainder of the evening was spent in agreeable social intercourse.

The Convention adjourned on Thursday morning.

### Pre-Historic Man.

An important communication was recently made to the French Academy of Sciences of the discovery of certain grottoes in the Department of the Marne, France, which, during those pre-historic ages when flint instruments were exclusively used, served as dwellings and burial places. These caverns are all cut out on the same plan, and are evidently of similar origin. The sides and arched ceilings bear the marks of stone hatchets. Some are divided by a partition into two chambers; several were receptacles for the dead, but others were inhabited; the latter were more comfortably arranged, and admitted of being closed with doors, as certain grooves show. The walls are provided with hooks, carved out of the solid clay; and, lastly, the entrances bear traces of a degree of polish from constant going in and out. On a wall of one of these grottoes there exists a rude bas-relief representing a hatchet provided with its handle, and a sling. This seems to have been the work of one of our pre-historical forefathers, the artist of his day.

### Small-pox Statistics.

The total number of deaths by small-pox in Philadelphia, from the time the disease made its appearance in September last, up to the first of the present month, was 4393, divided between the sexes as follows: males, 2498; females, 1895. Since the first of July there has only been about one new case daily. There is every reason to believe, however, that it will again prevail in a modified form with the advent of cold weather. Being one of the diseases incidental to the winter months, our city is but seldom free of it during that portion of the year.

## American Medical Association.

The Triennial list of Permanent Members will be published this year. Permanent Members who have not paid their assessment will please notice:—

"Any Permanent Member who shall fail to pay his annual dues for *three successive years*, unless absent from the country, shall be dropped from the roll of Permanent Members."

WM. B. ATKINSON,  
*Permanent Secretary.*

Medical journals please copy.

## The Cholera.

The cholera is surely and even rapidly traveling from the East of Europe to the West. It has already almost reached the Russian frontier, and Berlin is growing alarmed. This is not without reason; for, owing to the negligence of the municipal authorities, some of the broad navigable watercourses of the city were a few years ago converted into open sewers. The unhealthy condition of Berlin is proved by the death-rate having increased one and a half per cent. during the last four years; and a visitation of cholera will be very severely felt in a city where drainage is so criminally neglected. A correspondent, writing from Cork, compares the sanitary system of that city to Berlin, and complains that the beautiful river should be turned into a noisome and pestilential drain. Official notice has been received in this country of the outbreak of Cholera in St. Petersburg. On July 12th there had been, since the appearance of the disease on June 23d, 565 cases, with 54 recoveries and 240 deaths. The number of cases is sufficient to demand from the authorities in this country immediate steps in supervising vessels arriving from the Baltic, and otherwise carrying out similar efficient measures which last year prevented the entrance of the disease into this country. Diarrhoea has already begun to swell the mortality in the metropolis and other towns in England, and we may expect a continued increase during August and September, if the weather continue warm.

## Sanitarium in Liberia.

A liberal-minded Scotch gentleman, Thompson by name, is about to build a sanitarium in the Cameroon mountains, in Liberia, where the missionaries exhausted by fatigue and the terrible heat of the climate may recruit and prepare themselves for new labors. The mountains are situated at a great height above the level of the sea, and their atmosphere resembles in some measure that of England, but more exhilarating. The enterprise is utterly unsectarian, and the sanitarium will be open to clergymen of all denominations. In his benevolent project, to the consummation of which Mr. Thompson has devoted a large amount of money, he has been assisted by the various missions of the African coast.

## Von Graefe.

At the Ophthalmological Congress in Heidelberg, last year, a committee was formed of representatives of various countries, for the purpose of taking the necessary measures for the erection of a statue of the eminent ophthalmic surgeon, Albert von Graefe, in the vicinity of the scene of his teaching in Berlin. The scheme has received the approval of the Emperor-King; and local committees have been formed, especially in Berlin, where active measures have been taken for obtaining subscriptions, in order that the work may be worthy of its object.

THE *American Farmer's Advocate*, devoted to the interests represented in the National Agricultural Congress, is one of the largest, and by far the cheapest agricultural paper in the country, and should be in the hands of every farmer. It should be remembered that the publishers offer it free with any \$2 or higher priced paper in the country, and at only 50 cents advance with lower priced ones. Price—single, \$1 per year; in clubs of four or more, 50 cents each. Address Advocate Publishing Company, Jackson, Tenn.

MRS. AGNES BULLOCK, living near Orangeburg, Ky., has lately cut an entire new set of teeth. She was born January 20, 1778, in Hanover county, Va., landed in Maysville when 12 years of age, and removed to Lexington; afterwards removed to Mason county in 1799, where she has resided ever since. She had one child only and seventy great-grandchildren living.

## NOTES AND QUERIES.

## Cardiac Sound.

A correspondent wishes more complete information than he is able to obtain from the text books, on the cause, pathological anatomy, and indications of the doubling of the second sound of the heart. We shall be glad to receive a communication from any one who has given it attention.

## Ringworm.

Dr. N. J. S., of Texas.—We refer you to Dr. NAEFET'S "Modern Therapeutics." We cannot recommend a formula without knowing more of the cases.

Dr. J. E. C., of Kansas.—We recommend to you Dr. HAMMOND'S late work on Spiritualism.

Dr. B., of Illinois.—We shall be glad to examine the MSS. to which you allude.

Dr. R. O. L., of Miss.—The editorial articles in the last volume of the *REFOUR* express our views on this subject.

## DEATHS.

COLEMAN.—At Latrobe, Pa., August 5th, 1872, Edward Jenner, only son of Dr. W. C. and B. J. Coleman, aged 2 months and 14 days.